


Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT(S) (Use as many sheets as necessary)	COMPLETE IF KNOWN	
	Application Number	Unknown 10/809160
	Filing Date	Herewith
	First Named Inventor	Segal, et al.
	Art Unit	Unknown 3679
	Examiner Name	Unknown Aaron Dunwoody
Sheet 1 of	Attorney Docket No.	DMNZ 2 00048

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No.	Document No. Number-Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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	AB	US-3,600,009	08-17-1971	Shupper	
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	AI	US-			
	AJ	US-			
	AK	US-			
	AL	US-			

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No.	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T
		Country Code-Number Kind Code (if known)				
	AM					
	AN					
	AO					
	AP					

OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS				
Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume/issue number(s), publisher, city and/or country where published		T
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Examiner Signature		Date Considered	11/13/05
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